

# GIC Health Plan Rates – Monthly Rates as of July 1, 2009

## For THE CITY OF MELROSE ENROLLEES



Commonwealth of Massachusetts  
Group Insurance Commission

### Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

*Includes 0.33% Administrative Fee*



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	13%	\$ 52.75	\$126.59
Fallon Community Health Plan Select Care	13%	\$ 63.96	\$153.50
Harvard Pilgrim Independence Plan	13%	\$ 68.42	\$165.59
Health New England	13%	\$ 56.05	\$138.92
Navigator by Tufts Health Plan	13%	\$ 67.48	\$162.60
NHP Care ( <i>Neighborhood Health Plan</i> )	13%	\$ 54.19	\$143.60
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	40%	\$307.02	\$716.72
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	40%	\$292.82	\$683.75
UniCare State Indemnity Plan/ Community Choice	40%	\$164.51	\$394.83
UniCare State Indemnity Plan/PLUS	40%	\$212.98	\$508.27

### Retirees and Survivors *WITH MEDICARE*

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	30%	\$ 60.05
Harvard Pilgrim Medicare Enhance	30%	\$105.00
Health New England MedPlus	30%	\$109.01
Tufts Health Plan Medicare Complement	30%	\$ 96.49
Tufts Health Plan Medicare Preferred*	30%	\$ 53.43
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	30%	\$105.90
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	30%	\$102.71

\* Rates are subject to federal approval and may change January 1, 2010.

*Rates are Calculated by the City of Melrose Benefits Office.*

**Rate questions? Call: Toni White 781.979.4145**